

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2606AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/02/2010
NAME OF PROVIDER OR SUPPLIER THE HOMESTEAD OF BOULDER CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 MEDICAL PARK DR BOULDER CITY, NV 89005		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an complaint investigation conducted on your facility from 1/21/10 to 2/2/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for 84 Total Residential Beds: 53 beds for Elderly or Disabled Category I Residents and 31 beds which provides care to persons with Alzheimer's Disease Category II Residents.</p> <p>Complaint #NV00024169 was substantiated. See TAG Y0850.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 850 SS=D	<p>449.274(1)(a) Medical Care of Resident</p> <p>NAC 449.274</p> <p>1. If a resident of a residential facility becomes ill or is injured, the resident's physician and a member of the resident's family must be notified at the onset of the illness or at the time of the injury. The facility shall:</p> <p>(a) Make all necessary arrangements to secure the services of a licensed physician to treat the resident is the resident's physician is not available.</p>	Y 850		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.